SUNRISE CARE CENTER INC

3540 S 43RD ST

MILWAUKEE 53220 Phone: (414) 541-1000		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	99	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	99	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	95	Average Daily Census:	97

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year   1 - 4 Years	32.6 40.0
Supp. Home Care-Household Services	No	   Developmental Disabilities	0.0	Under 65	13.7	More Than 4 Years	27.4
Day Services	No	Mental Illness (Org./Psy)	14.7	65 - 74	8.4		
Respite Care	No	Mental Illness (Other)	7.4	75 - 84	27.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.3	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.2			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	14.7	65 & Over	86.3		
Transportation	No	Cerebrovascular	12.6			RNs	8.1
Referral Service	No	Diabetes	2.1	Gender	%	LPNs	11.8
Other Services	No	Respiratory	2.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	43.2	Male	34.7	Aides, & Orderlies	39.3
Mentally Ill	No			Female	65.3		
Provide Day Programming for		İ	100.0			İ	
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	୧ ୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	2	2.8	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1	
Skilled Care	13	100.0	337	69	97.2	129	0	0.0	0	6	100.0	242	5	100.0	129	0	0.0	0	93	97.9	
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	13	100.0		71	100.0		0	0.0		6	100.0		5	100.0		0	0.0		95	100.0	

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.4	Bathing	0.0		68.4	31.6	95
Other Nursing Homes	9.0	Dressing	3.2		72.6	24.2	95
Acute Care Hospitals	77.5	Transferring	10.5		63.2	26.3	95
Psych. HospMR/DD Facilities	1.1	Toilet Use	7.4		57.9	34.7	95
Rehabilitation Hospitals	0.0	Eating	46.3		43.2	10.5	95
Other Locations	9.0	******	******	*****	******	******	*****
Total Number of Admissions	89	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	15.8	Receiving Resp	iratory Care	4.2
Private Home/No Home Health	6.5	Occ/Freq. Incontiner	nt of Bladder	51.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	10.8	Occ/Freq. Incontine	nt of Bowel	32.6	Receiving Suct	ioning	0.0
Other Nursing Homes	1.1	_			Receiving Osto	my Care	2.1
Acute Care Hospitals	28.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	7.4
Rehabilitation Hospitals	0.0					-	
Other Locations	8.6	Skin Care			Other Resident C	haracteristics	
Deaths	45.2	With Pressure Sores		12.6	Have Advance D	irectives	85.3
Total Number of Discharges		With Rashes		12.6	Medications		
(Including Deaths)	93	İ			Receiving Psyc	hoactive Drugs	69.5

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	87.4	1.12	88.2	1.11	87.3	1.12	88.8	1.10
Current Residents from In-County	94.7	86.8	1.09	88.5	1.07	85.8	1.10	77.4	1.22
Admissions from In-County, Still Residing	34.8	21.8	1.60	21.6	1.61	20.1	1.74	19.4	1.80
Admissions/Average Daily Census	91.8	159.1	0.58	187.2	0.49	173.5	0.53	146.5	0.63
Discharges/Average Daily Census	95.9	159.6	0.60	182.1	0.53	174.4	0.55	148.0	0.65
Discharges To Private Residence/Average Daily Census	16.5	63.2	0.26	76.7	0.22	70.3	0.23	66.9	0.25
Residents Receiving Skilled Care	100	96.1	1.04	96.7	1.03	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	86.3	96.5	0.89	89.4	0.97	90.7	0.95	87.9	0.98
Title 19 (Medicaid) Funded Residents	74.7	50.4	1.48	48.4	1.54	56.7	1.32	66.1	1.13
Private Pay Funded Residents	6.3	33.2	0.19	31.2	0.20	23.3	0.27	20.6	0.31
Developmentally Disabled Residents	0.0	0.5	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	22.1	33.9	0.65	34.7	0.64	32.5	0.68	33.6	0.66
General Medical Service Residents	43.2	26.1	1.65	23.5	1.83	24.0	1.80	21.1	2.05
Impaired ADL (Mean)	56.4	51.2	1.10	50.4	1.12	51.7	1.09	49.4	1.14
Psychological Problems	69.5	62.3	1.12	58.0	1.20	56.2	1.24	57.7	1.20
Nursing Care Required (Mean)	4.9	7.1	0.69	7.3	0.67	7.7	0.63	7.4	0.66